

## Situations for which expert consultation for HIV post exposure prophylaxis is advised

- Delayed (i.e., later than 24-36 hours) exposure report
  - The interval after which there is no benefit from post exposure prophylaxis (PEP) is undefined
- Unknown source (i.e., needle in sharps disposal container or laundry)
  - Decide use of PEP on a case by case basis
  - Consider the severity of the exposure and the epidemiologic likelihood of HIV exposure
  - Do not test needles or other sharp instruments for HIV
- Known or suspected pregnancy in the exposed person
  - Does not preclude the use of optimal PEP regimes
  - Do not deny PEP solely on the basis of pregnancy
- Resistance of the source virus to antiretroviral agents
  - Influence of drug resistance on transmission risk is unknown
  - Selection of drugs to which the source person's virus is unlikely to be resistant is recommended, if the source person's virus is known or suspected to be resistant to  $\geq 1$  of the drugs considered for the PEP regimen
  - Resistance testing of the source person's virus at the time of the exposure is not recommended
- Toxicity of the initial PEP regimen
  - Adverse symptoms, such as nausea and diarrhea are common with PEP
  - Symptoms often can be managed without changing the PEP regimen by prescribing antimotility and/or antiemetic agents
  - Modifications of dose intervals (i.e., administering a lower dose of drug more frequently throughout the day, as recommended by the manufacturer), in other situations might help alleviate symptoms